



**APPLICATION FOR TEMPORARY LICENSE FOR STUDENTS
OR OTHER PERSONS NOT CURRENTLY LICENSED IN ANOTHER JURISDICTION
(Submitted with Application for Permanent License)**

◆ INSTRUCTIONS ◆

1. Please type or print with black ink.
2. Submit this completed form with the required \$50.00 temporary license application fee to the Board office. Fee payment may be a personal check, cashier's check or money order, payable to the MN Board of Social Work.

NOTE: An applicant who is not licensed and practicing social work in Minnesota at the time of application, in a setting for which licensure is required, is ineligible for a temporary license. (Minnesota Statutes, Chapter 148E.060, subdivision 12.) NOTE: All fees submitted to the Board are non-refundable.

◆ APPLICANT DATA ◆

All applicants must complete this section.

You *MUST* provide the following data:

- 1. Full legal name:** If you make changes in your legal and/or professional name, you may be contacted by the Board if additional information is needed.
- 2. Professional name (if applicable):** You may practice under a professional name that may be different from your legal name provided that you inform the Board of both the professional and legal name.
- 3. Mailing address:** Your mailing address is classified as public. All information from the Board will be sent to your mailing address. The telephone number that you provide with your mailing address is also public.
- 4. Home address:** If your home address is different from your mailing address, your home address is classified as private and cannot be accessed by the public.

All information, except your name and the address you specify as your mailing address and your daytime public phone, is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request.

SOCIAL SECURITY NUMBER: (private data)		LEVEL OF LICENSURE APPLYING FOR (circle): LSW LGSW LISW LICSW			
FULL LEGAL NAME: LAST NAME		FIRST NAME:		MIDDLE NAME:	
(PROFESSIONAL NAME, IF APPLICABLE) LAST:		FIRST NAME:		MIDDLE NAME:	
ALL MAIDEN, ALIAS, AND/OR FORMER NAMES:					
HOME ADDRESS (NEW? circle: YES NO):					
CITY:		COUNTY:		STATE:	ZIP CODE:
HOME PHONE :		BUSINESS:		FAX:	
EMAIL ADDRESS:			DAYTIME PUBLIC PHONE:		
MAILING ADDRESS (if different from home address) (NEW? circle YES NO):					
CITY:		COUNTY:		STATE:	ZIP CODE:

◆ CURRENT EMPLOYMENT INFORMATION ◆

Record all current employment information. If currently unemployed, indicate "unemployed" on the first line. If you have more than two current employers, please list the additional employers on a separate sheet of paper including the same information as requested below.

CURRENT EMPLOYER #1:

ADDRESS:		PHONE:		FAX:	
CITY:	COUNTY:	STATE:	ZIP CODE:		
TITLE OF YOUR POSITION:		SUPERVISOR'S NAME:			
DATES OF EMPLOYMENT: START (mo/yr)		END (mo/yr)			
MN BUSINESS ID#: (Required only if one has been issued by the MN Dept of Revenue)					

CURRENT EMPLOYER #2:

ADDRESS:		PHONE:		FAX:	
CITY:	COUNTY:	STATE:	ZIP CODE:		
TITLE OF YOUR POSITION:		SUPERVISOR'S NAME:			
DATES OF EMPLOYMENT: START (mo/yr)		END (mo/yr)			
MN BUSINESS ID#: (Required only if one has been issued by the MN Dept of Revenue)					

◆ ATTESTATION OF APPLICANT ◆

All applicants must complete the following section. Check the appropriate responses below.

STEP 1:	I am applying for a temporary license pursuant to Minnesota Statutes, Chapter 148E.060:	
	Chapter 148E.060, Subdivision 1: <input type="checkbox"/> Applicant for permanent licensure – Student or person not currently licensed in any other jurisdiction <ul style="list-style-type: none"> This temporary license is time-limited and nonrenewable, and is valid for six months, or until issuance or denial of a permanent license, or until revocation of the temporary license, whichever occurs first. The Board may immediately revoke a temporary license for violation of any requirement of Minnesota Statutes, Chapter 148E.060, subdivision 13. The temporary license holder must obtain appropriate supervision for social work practice in Minnesota and must submit documentation to the Minnesota Board of Social Work verifying that supervision. Refer to the Supervised Practice Requirements described in Minnesota Statutes, Chapter 148E.100 – 148E.125. 	
STEP 2:	I have passed the applicable ASWB licensure exam:	
	<input type="checkbox"/> ASWB Bachelor Examination <input type="checkbox"/> ASWB Masters Examination	<input type="checkbox"/> ASWB Advanced Generalist Examination <input type="checkbox"/> ASWB Clinical Examination
STEP 3:	I have completed a social work degree accredited by the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work (CASSW) at the following level:	
	<input type="checkbox"/> Bachelor of Social Work (BSW) Date completed: _____	<input type="checkbox"/> Master of Social Work (MSW) Date completed: _____

◆ TEMPORARY LICENSE REQUIREMENTS ◆

AUTHORIZED PRACTICE AND TITLE: Pursuant to Minnesota Statutes, Section 148E.060, subdivision 10, a temporary license authorizes social work practice in Minnesota and the use of the credential "Social Worker – Temporary Licensee".

A baccalaureate level temporary license authorizes the holder to temporarily engage in the social work practice described in Minnesota Statutes, Chapter 148E.010, subdivision 11, but not to include subdivision 6. A master's level temporary license authorizes the holder to temporarily engage in the social work practice described in Minnesota Statutes, Chapter 148E.010, subdivisions 11 and 6.

CONDITIONS: A temporary license is time-limited and nonrenewable, and is valid for six months, or until issuance or denial of a permanent license, or until revocation of the temporary license, whichever occurs first. The Board may immediately revoke a temporary license for violation of any requirement of Minnesota Statutes, Chapter 148E.060, subdivision 13.

SUPERVISION REQUIREMENTS: A temporary license holder must obtain appropriate supervision for social work practice in Minnesota and must submit documentation to the Minnesota Board of Social Work verifying that supervision. Refer to the Supervised Practice Requirements described in Minnesota Statutes, Chapter 148E.100-148E.125.

◆ CERTIFICATION OF APPLICANT ◆

All applicants must check each statement, and sign and date this section.

- ☐ I have read the Board's Statute, Chapter 148E (available at www.socialwork.state.mn.us) including the requirements for a temporary license, the grounds for action, and the standards of practice.
- ☐ I understand I may not practice for more than six months without a permanent license under Minnesota Statutes, Chapter 148E.060, subdivision 1 (b).
- ☐ I affirm that I have not engaged in conduct that was or would be in violation of the Standards of Practice specified in sections 148E.195 to 148E.240.
- ☐ I certify that all information provided on this application is true and correct to the best of my knowledge. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take action against my license.
- ☐ I have enclosed the required \$50.00 temporary license fee. **(Fees are non-refundable.)**
- ☐ I understand I must obtain appropriate supervision for social work practice in Minnesota, and must submit documentation to the Minnesota Board of Social Work verifying that supervision, if holding a temporary license under Chapter 148E.060, subdivision 1.

ADDRESS CHANGE:

- ☐ I understand that I must notify the Board within 30 days of any changes in my mailing address, home address or telephone number. I understand I must submit this change via US mail, email, fax, or the Board's website.

NAME CHANGE:

- ☐ I understand I must notify the Board of any changes to my legal or professional name within 30 days of the change by US mail. The Name Change Form is available at the Board's website.

SIGNATURE OF APPLICANT: _____

DATE: _____